

OFFICE OF RESEARCH AND EVALUATION Office of Evaluation, Research, and Accountability

YOUTH RISK BEHAVIOR SURVEY:

Selected Results from the School District of Philadelphia



This publication was supported by Grant or Cooperative Agreement number NU87PS2018-000XXX funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

About This Report

The Youth Risk Behavior Surveillance System (YRBSS) was developed by the Division of Adolescent and School Health, a part of the Centers for Disease Control and Prevention (CDC). The YRBS monitors six health behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults: 1) behaviors that contribute to unintentional injuries and violence; 2) tobacco use; 3) alcohol and other drug use; 4) sexual behaviors that contribute to unintended pregnancy and sexually transmitted disease; 5) unhealthy dietary behaviors; and 6) inadequate physical activity.¹

The YRBSS includes national, state, territorial, tribal government, and local school-based surveys of representative samples of 9th- through 12th-grade students. The surveys are conducted every two years, typically during the spring semester. The survey is completely anonymous and voluntary, and includes 99 questions. For more information about the YRBS, see **www.cdc.gov/yrbs**.

The School District of Philadelphia (SDP) administered the Youth Risk Behavior Survey (YRBS) to 1,217 high school students at 25 randomly selected District schools in the spring of 2019 (Figure 01).² The overall response rate was 70%. This report uses YRBS data from 2009 through 2019 to show changes in risk behaviors reported by high school students. It provides a general overview of these behaviors, then presents related findings in six sections: mental health, safety and violence, substance use, sexual health, nutrition and physical activity, and physical health. This report also explores how certain students may be more at risk based on their race/ethnicity, gender, or sexual orientation.



For more information about this report, please contact **research@philasd.org**.

¹ A downloadable data file of anonymous responses from a random sample of SDP students in grades 9-12 can be found at https://www.philasd.org/performance/programsservices/open-data/school-information/#youth_risk_behavior_survey.

Healthier students are better learners.

Risk behaviors such as skipping breakfast, not getting enough exercise, early sexual initiation, violence, and substance use are consistently linked to poor grades, low test scores, and less educational attainment.

In turn, academic success is an excellent indicator for the overall well-being of youth and a primary predictor of adult health outcomes. Schools play an essential role in promoting health and safety and helping young people establish lifelong healthy behaviors.²

There were several significant positive changes, including a decrease in the percentage of students who experienced sexual dating violence and who currently smoke cigarettes or use electronic vapor products.

The chart below highlights several key survey questions related to these six topics and shows the percentage of Philadelphia high school students who reported engaging in these behaviors (Figure 02).

FIG. In 2019, the following percentages of ()2 Philadelphia high school students:

ATTEMPTED SUICIDE* 14.6% DID NOT GO TO SCHOOL BECAUSE THEY FELT UNSAFE AT SCHOOL OR ON THE WAY TO/FROM SCHOOL^ 11.3% WERE ELECTRONICALLY BULLIED* 11.8% **DRANK ALCOHOL^** 17.2% **SMOKED CIGARETTES^** 2.1% USED ELECTRONIC VAPOR **PRODUCTS^** 7.1% WERE SEXUALLY ACTIVE^D 28.4% DID NOT USE A CONDOM DURING LAST SEXUAL INTERCOURSE 51.3% WERE NOT PHYSICALLY ACTIVE ANY DAY IN THE PAST WEEK§ 24.4%

DRANK SODA/POP ONE OR MORE TIMES PER DAY[§] HAD OBESITY 17.4% * In the past 12 months p In the past 3 months

^ In the past 30 days

§ In the past 7 days

² More information about the relationship between education and health can be found at <u>https://www.cdc.gov/healthyyouth/</u> health_and_academics/index.htm.

MENTAL HEALTH



The CDC describes mental health as "an important part of overall health and wellbeing" that "affects how we think, feel, and act."³ The YRBS asks students about their mental health in terms of prolonged sadness or hopelessness, suicidal ideation and attempts, and feelings of closeness to people at school.

The data show a sharp increase from 2017 to 2019 in the number of Philadelphia students who reported that they considered or attempted suicide (Figure 03). The percentage of students who required treatment from a medical professional after attempting suicide also significantly increased.

STUDENT POPULATIONS MOST AT RISK

- → Female students were significantly more likely than male students to report that they felt sad or hopeless for long periods of time (50.2% compared to 29.8%), that they considered suicide (28% compared to 15.6%), and that they made a plan to attempt suicide (21.1% compared to 12.8%).
- Hispanic students (22.6%) were significantly more likely than Asian (8.1%), Black (14.2%), or White (6.9%) students to report that they attempted suicide in the last 12 months.
- → More Lesbian, Gay, and Bisexual (LGB) students than heterosexual students reported that their mental health was not good (80.3% compared to 55.6%), that they felt sad or hopeless for long periods of time (64.9% compared to 35.3%), and that they had considered (46.1% compared to 16.4%) and attempted suicide (27% compared to 10.5%) (Figure 04).

RESOURCES FOR YOUTH

The **Philadelphia Suicide/Crisis** Intervention Hotline is available 24 hours a day, 7 days a week: **215-686-4420**.

The Trevor Project provides crisis intervention and suicide prevention services to LGBTQ+ youth. Text "START" to 678678 for confidential messaging with a counselor.

LGBTQIA National Youth Talkline is available for teens and young adults who need to talk about coming-out issues, relationship concerns, parent issues, school problems, HIV/AIDS anxiety and safer-sex information. Call 1-800-246-7743.

³ To read the CDC's complete definition of mental health and to find associated resources, visit <u>https://www.cdc.gov/mentalhealth/</u>index.htm.

FIG. O3 Percentage of Students who Considered or Attempted Suicide in the Past 12 Months

- Considered Suicide
- Attempted Suicide
- Attempted Suicide and Required Treatment





SAFETY AND VIOLENCE

Fewer students carried weapons to school in 2019 compared to 2009. More male students reported being electronically bullied in 2019 than in 2017.

The YRBS asks students about their experiences with bullying, physical violence, and sexual and dating violence. Overall, 14% of Philadelphia students reported that they had been in a physical fight on school property in the last 12 months (Figure 05).

STUDENT POPULATIONS MOST AT RISK

- More Lesbian, Gay, and Bisexual (LGB) students than heterosexual students had been physically forced to have sexual intercourse (20.5% compared to 6.5%), experienced sexual dating violence (8.7% compared to 2.5%), experienced physical dating violence (18.9% compared to 8.3%), and had been electronically bullied (16.6% compared to 10.2%) (Figure 07).
- More LGB students (10.4%) than heterosexual students (4.9%) reported that they did not usually sleep at their parent's or guardian's home in the 30 days prior to the survey (Figure 08).

FIG. 05 Safety on School Property



In the past 12 months

^ In the past 30 days

The number of students who reported that they carried a weapon to school has decreased consistently over the last decade. Only 1.2% of students carried a weapon to school in 2019, compared to nearly 4.6% in 2009.

Male students were significantly more likely than female students to report being in a physical fight on school property (19% compared to 9%) and being threatened or injured with a weapon on school property (10% compared to 6%).

Electronic bullying is any form of unwanted, online act of aggression that causes harm or distress.⁴ 11.8% of high school students reported that they were electronically bullied in 2019, up from 9.5% in 2011.

There was a significant increase in electronic bullying among male high school students in the School District of Philadelphia from 7.6% in 2017 to 12% in 2019 (Figure 06).



FIG.Percentage of Students Who Were06Electronically Bullied in the Last 12 Months



FIG.Percentage of Students Who Reported08Not Sleeping at a Parent/Guardian'sHome in the Past 30 Days



RESOURCES FOR YOUTH

Safe Place is a national youth outreach and prevention program for young people under the age of 18 in need of immediate help and safety. The text line is a nationwide, text-for-support service for youth in crisis. Text "safe" and your current location (address, city, state) to 4HELP (44357).

⁴ More information about electronic bullying can be found on the CDC's website: <u>https://www.cdc.gov/violenceprevention/</u> youthviolence/bullyingresearch/fastfact.html.

SUBSTANCE USE

There has been an overall decline in the use of cigarettes and electronic vapor products; however, substance use was disproportionately prevalent among Lesbian, Gay, and Bisexual (LGB) students.

The YRBS asks students if they recently used, ever used, or ever tried various substances, such as alcohol, tobacco, prescription drugs, and illicit recreational drugs. Marijuana, alcohol, tobacco (including electronic vapor products), and prescription drugs were the most commonly used. Very few students reported use of other substances.

STUDENT POPULATIONS MOST AT RISK

- More female (20.2%) than male (13.7%) students reported that they drank alcohol in the 30 days leading up to the survey.
- Results from the Philadelphia administration of the YRBS show that in the 30 days leading up to the administration of the survey, more Lesbian, Gay, and Bisexual than heterosexual students reported drinking alcohol (Figure 11).
- → More LGB students than heterosexual students reported that they binge drank on at least one day in the past 30 days (13.7% compared to 3.8%), ever smoked cigarettes (22.5% compared to 13.9%) or electronic vapor products (53.2% compared to 34.6%), and ever misused prescription pain medications (21% compared to 11.3%) (Figure 10).

The number of students who smoked cigarettes has steadily declined since 2009. The number of students who used electronic vapor products has significantly decreased since 2015 (Figures 09 and 10).

More white (29.7%), Black (15.9%), and Hispanic (20.2%) than Asian (8.7%) students reported that they drank alcohol in the 30 days leading up to the survey.



- Smoked Cigarettes
- Electronic Vapor Products





⁵ Misuse of prescription drugs includes use of prescription pain medications that were not prescribed to the students and use of these medications in a way that was different from how a doctor prescribed them.



SEXUAL HEALTH

Fewer high school students were sexually active in 2019, but fewer sexually active students especially those identifying as Lesbian, Gay, or Bisexual—were using condoms.

The YRBS asks students about current and past sexual behaviors, including having sexual intercourse, learning about contraception and HIV/STI testing, and using contraceptive and other preventive measures to practice safer sex.

76.8% of students reported that they had been taught about HIV/AIDS in school. 35.0% of students had been tested for STDs, and 32.7% had been tested for HIV. 71.8% of students reported that they had been taught in school about how to access sexual health services.

The percentages of students who were sexually active, who ever had sex, and who first had sex before age 13 have been in decline. However, the percentage of sexually active students who used a condom the last time they had sex has also been in decline (Figure 12).

STUDENT POPULATIONS MOST AT RISK

→ More Lesbian, Gay, and Bisexual (LGB) students (66.3%) reported that they did not use a condom in their last sexual intercourse, compared to heterosexual students (48%). Sexual health risk factors, such as not using condoms or pregnancy prevention methods, were disproportionately prevalent among LGB students (Figure 13).

PASH Promoting Adolescent Student Health

The Promoting Adolescent Student Health (PASH) Program at the School District of Philadelphia coordinates the Materials Review Board (MRB), a subgroup of the School Health Advisory Council that is required to review and approve all sexual health-related materials *prior* to use with SDP students. Materials may be submitted to the MRB here: <u>https://www.philasd.org/face/programs-services/pash/</u> material-review-board/.

Sexual health-related materials may also be submitted via email to **pash@philasd.org.**

FIG. 12 **Sexual Behaviors Over Time** • Ever had Sex • Currently Sexually Active • Had Sex Before Age 13 • Used a Condom 62.8% • 60% 48.7% 44.9% 52.4% 40.7% 40% 28.4% 20% 14.5% 5.3% 0% 2009 2011 2013 2015 2017 2019

FIG.

13 Safer Sex/Pregnancy Prevention Methods Used by Students During Last Sexual Intercourse



Student respondents who reported engaging only in same-sex sexual contact are excluded from the analysis.

NUTRITION AND PHYSICAL ACTIVITY

Students of different races/ethnicities, genders, and sexual orientations reported different physical activity levels.

The YRBS asks students about their routine healthful behaviors, including consumption of breakfast, soda/pop, fruits, and vegetables, as well as their physical activity and involvement in sports.

STUDENT POPULATIONS

MOST AT RISK

- Eating breakfast on all or most days of the week is associated with achieving better grades and earning higher standardized test scores.⁵ Frequent breakfast consumption was not equitable across all races and ethnicities of student respondents (Figure 16).
- More Lesbian, Gay, and Bisexual (LGB) students (84.8%) did **not** eat breakfast on all 7 days of the week, compared to heterosexual students (75.5%).
- Attending weekly physical education (PE) classes was less common among female students than among male students (Figure 17).
- More LGB students (69.1%) did not play on at least one sports team, compared to heterosexual students (57.3%).
- More female students than male students and more LGB students than heterosexual students reported not being physically active any day of the week. There were significant differences in physical activity across racial and ethnic groups (Figure 17).

Nutrition was found to be associated with academic achievement. Of students who reported earning mostly A's, 10.9% did <u>not</u> eat fruit at least once in the week prior, compared to 23.7% of students who reported earning mostly D's and F's (Figure 14).



DID NOT DRINK SODA



Food Research & Action Center (FRAC). Research Brief: Breakfast for Learning. <u>https://frac.org/wp-content/uploads/</u> breakfastforlearning-1.pdf. The percentage of students who did <u>not</u> drink soda/pop one or more times a day significantly increased from 2013 (22.2%) to 2019 (35.9%) (Figure 14).

The percentage of students who watched television for 3 or more hours per day significantly decreased from 2009 (52.9%) to 2019 (26.9%).

Nearly one-fourth of students were <u>not</u> physically active at least 60 minutes per week, but more than half of students played video or computer games or used computers for 3 or more hours per day (Figure 15).



ATE BREAKFAST EVERY DAY



FIG.

15 Physical Activity and Screen Time



FIG.Students who were NOT physically active17any day of the week in the last 7 days

FEMALE 29.5% MALE 18.9% LESBIAN, GAY, AND BISEXUAL 29.8% **HETEROSEXUAL** 21.6% ASIAN 28.4% BLACK 23.4% HISPANIC 29.9% WHITE 17.3% L 0% 30% 10% 20%

PHYSICAL HEALTH

Nearly a third of high school students had been told they had asthma, and a third reported they were overweight or had obesity.

STUDENT POPULATIONS MOST AT RISK

More Lesbian, Gay, and Bisexual (LGB) students than heterosexual students reported that they did not get a full 8 hours of sleep on an average school night (Figure 19). Physical health questions in the YRBS include those about weight, dental health, asthma, and sleep, among others.

16% of students were overweight, and 17.4% of students had obesity. 30.8% of students reported that they had asthma, and 2% of students had never seen a dentist (Figure 18).

The percentage of students who had obesity has significantly increased over the past twenty years, but has remained relatively steady for the past ten years.

FIG.Self-Reported Physical Health Among18High School Students



Percentage of Students who did NOT get 8 or More Hours of Sleep on an Average School Night



HAD NEVER SEEN A DENTIST





The CDC's "Whole Child, Whole Community, Whole School" model identifies ten components (in light blue) which every school should have to ensure the health, safety, and wellbeing of their students. Additional support for health and wellness is provided by the following SDP offices (in dark blue). The following model has been adapted to reflect the unique organizational structure of SDP.



For contact information for each of these offices, please visit https://www.philasd.org/office-directory/

For more resources, please visit SDP's Promoting Adolescent Student Health (PASH) website: https://www.philasd.org/face/programs-services/pash/



Special Thanks

We would like to thank all of the SDP high school students who took the time to complete the surveys so that we can better understand how to support our students. We also thank all of the principals, teachers, other school personnel, and the Grants Compliance monitors who helped in the administration of the survey.

